U.S. Department Office of Labor-Management U.S. Department of Laborat (1974) of the good and the Medical Indiana Washington, DC 20210

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FORM LM-30 reference and appearance of the LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Silk of the

Name Intl.' Assoc. of Machinists & Aerospace Wkrs.

4. Name, file number, and address of labor organization.

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

5 75 2

L Reid

1. File Number U -

Name Valana

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	Labor Organization File Nur	mber 000-107	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 15710 Brooks Church Road	Street 9000 Machinis	01 8 45 CC	**************************************
City Upper Marlboro	City Upper Marlbor	o'	
State Maryland ZIP Code + 4 20772	State Maryland	ZIP Code +	-4 20772
5. Position in labor organization. Communications Representations	venta (1905) en elemento de la 1822 Venta de la 1822	CASA CASA	
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	pouse or minor child directly or ind clusions set forth in the instructions	iractly had any of the following	
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizations.	and a wind and in a sure of the standard of th	omic benefit of eeking to represent.	<u>4374803460450</u> 4376375 #8757*
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transac		<u> </u>
Name	4		
Trade Name, if any:	3,		
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
	nature		
15. Signature and verification. The undersigned declares, under penalty or submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the se	f Perjury and other applicable pena lying documents), has been examir ection on penalties in the instruction	Ities of the law, that all of the i	information the best of the
Signed Valament Mush	On 8/4/2005	301-967-4520	
	Date	Telephone Num	ber
orm LM-30 (2003)		,	

ne of Person Filing Valana Reid		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Kelly Press	a. Labor Organization b. Trust c. Employer			
P.O. Box, Bldg., Room No., if any				
Street 1701 Cabin Branch Drive				
City Cheverly				
State Maryland ZIP Code + 4 20785				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Dinner at Tractoria Roma Restaurant on 9/14/04 in Cincinnati, OH (55.00)			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City	11.b. Approximate dollar value of such dealing. \$5512.a. Nature of interest held or income received.			
State ZIP Code + 4	12.a. Nature of interest field	i of income received.		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Dinner at Jeff Ruby's Steakhouse on 9/22/04 in Cincinnati, OH (\$120.00)			
Name Prestige Audio Visual				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street 129 East 2nd Street				
City Covington				
State Kentucky ZIP Code + 4 41011				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$120		

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